

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)						Application Number		Filing Date		
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	✓						51			
2		1					52			
3		2					53			
4		1					54			
5		4					55			
6		1					56			
7		1					57			
8		1					58			
9		8					59			
10	✓						60			
11		10					61			
12		10					62			
13		10					63			
14		10					64			
15		10					65			
16		15					66			
17	✓						67			
18		17					68			
19		18					69			
20		17					70			
21		20					71			
22		20					72			
23		17					73			
24		23					74			
25	✓						75			
26		25					76			
27		25					77			
28		25					78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	4						Total Indep			
Total Depend	24						Total Depend			
Total Claims	28						Total Claims			